

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020648

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

SL 27672

1003

Registrar's No.

4926

STATE FILE NUMBER

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in 1b

18 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VET. ADM. HOSPITALInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTYc. CITY  
OR  
TOWN St. Louis

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1405 GranvilleReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ERISE

LASH

4. DATE  
OF  
DEATHMonth  
MayDay  
12Year  
1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/25/00

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Term. R?R?

11. BIRTHPLACE (City and state or country)

Columbus, Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Luther Lash

13b. MOTHER'S MAIDEN NAME

Mattie Foster

14. NAME OF HUSBAND OR WIFE

Marie Lash

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marie Lash (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of the liver with abdominal  
and thoracic metastasesINTERVAL BETWEEN  
ONSET AND DEATH

9 Months

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

156.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/24/62 to 5/12/62 and last saw him alive on 5/12/62

Death occurred at 11:55 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Roland B. Mernitz Jr. M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

5/13/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

5-17-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Bks.

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

1221 North Grand

25. DATE RECD. BY LOCAL REG.

MAY 15 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

DATE AMENDED

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Milmon Blackman

Licensed Embalmer No. 3062

P. O. Address 1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.